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27752 75	90 11/30/2005			have its own certificate	of mailing or transmission.		
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Address form PTO/SB/13	22) attached.	•		-	a member a 2		
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Number is required.	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		listed, no na	me will be printed.	<i></i>		
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recordation as set forth in	37 CFR 3.11. Completion	of this form is NO	T a substitute for	or filing an assignment.	···· , ····		
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PROCTER & GAMBLE COMPANY, THE				CINCINNATI, OHIO			
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Please check the appropriate	assignee category or catego	mes (will not be p	nnied on the pai	ient): U individual U C	orporation or other private g	roup entity Government	
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a Applicant claims S	MALL ENTITY status. See	37 CFR 1.27.	D b. Applicar	nt is no longer claiming SMA	LL ENTITY status, See 37 (CFR 1.27(g)(2).	
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